

## EXHIBIT O

**Name of Outlet:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

(Report is due to the RA by the 5<sup>th</sup> of each month) **County:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Number of Families Served:** \_\_\_\_\_

**Meals Served:** \_\_\_\_\_

<b>PRODUCTS</b>													
Beginning Inventory in Cases													
Product Received													
Total Over/Under/Damaged													
<b>TOTAL CASES IN</b>													
Total Cases Distributed to Clients													
Total Cases Damaged/Spoiled													
<b>TOTAL CASES OUT</b>													
<b>TOTAL CASES LEFT IN PANTRY</b>													

Carry to next report "Beginning Inventory". All numbers are in **FULL** cases.